Diagnosis of chronic obstructive pulmonary disease

History
Risk factors
Family history
Smoking history
Age at initiation
Average amount smoked per day since initiation
Date when stopped smoking or a current smoker
Environmental history
The chronologically taken environmental history may disclose important risk factors for COPD
Asthma
Symptoms
Dyspnea
Ask about the amount of effort required to induce uncomfortable breathing. Many individuals will deny symptoms of dyspnea, but will have reduced their activity levels substantially.
Cough
Cough with or without sputum production should be an indication for spirometric testing. The presence of chronic cough and sputum has been used to define chronic bronchitis.
Wheezing
Wheezing or squeaky noises occurring during breathing indicate the presence of airflow obstruction
Acute chest illnesses
Inquire about occurrence and frequency of episodes of increased cough and sputum with wheezing, dyspnea, or fever
Physical examination
All physical findings are generally present only with severe disease
Chest
The presence of emphysema (only when severe) is indicated by: overdistention of the lungs in the stable state (chest held near full inspiratory position at end of normal expiration, low diaphragmatic position), decreased intensity of breath and heart sounds, and prolonged expiratory phase
Evidence of airflow obstruction: wheezes during auscultation on slow or forced breathing and prolongation of forced expiratory time
Frequently observed with severe disease (characteristic, but not diagnostic): pursed-lip breathing, use of accessory respiratory muscles, retraction of lower interspaces
Other
Unusual positions to relieve dyspnea at rest
Digital clubbing is NOT typical in COPD (even with associated hypoxemia) and suggests other diagnoses (eg, lung cancer, bronchiectasis, pulmonary fibrosis)
Mild dependent edema may be seen in the absence of right heart failure

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